

## **Program B: Patient Services**

Program Authorization: Act 91 of 1967; Act 253 of 1972; Act 617 of 1987; and Act 390 of 1991

### **PROGRAM DESCRIPTION**

The mission of the Patient Services Program is to provide direct patient care and ancillary medical services to the residents of the facility.

The goal of the Patient Services Program is to provide quality health care services to patients through the identification of need and maximizing utilization of existing services.

The Patient Services Program includes the following activities: Patient Care (Long-Term Care), Physician Services, Nursing Services, Infectious Disease Services, Quality Assurance, Rehabilitation, Social Services, Pharmacy, X-Ray, Laboratory, Cardiology, Respiratory, Recreation, Beauty and Barber, Acute Hospital Unit, and Infectious Disease Unit (TB Unit).

### **OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2001-2002. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

1.(KEY) To provide medical services in a cost effective manner to an average daily census of 240 patients.

Strategic Link: This objective implements Goal I Objective I.1 Of the revised Strategic Plan: *To provide medical services in a cost effective manner to an average daily census of 230 patients.*

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1999-2000	ACTUAL YEAREND PERFORMANCE FY 1999-2000	ACT 11 PERFORMANCE STANDARD FY 2000-2001	EXISTING PERFORMANCE STANDARD FY 2000-2001	AT CONTINUATION BUDGET LEVEL FY 2001-2002	AT RECOMMENDED BUDGET LEVEL FY 2001-2002
S	Average daily census	256	235	250	240	240	240 <sup>3</sup>
K	Total clients served	Not applicable <sup>1</sup>	346	337	337	337	337 <sup>3</sup>
K	Cost per client day	\$187.00	\$202.71	\$195.00	\$192.00	\$192.00	\$192.00 <sup>3</sup>
K	Occupancy rate	93.1%	85.5%	90.9%	96.8%	96.8%	96.8% <sup>3</sup>
S	Staff to client ratio	1.74	1.64	1.79	1.64	1.64	1.64 <sup>3</sup>
S	Average length of stay (in days)	1,550	875	1,550	1,550	1,550	1,550 <sup>3</sup>
S	Percentage of clients served by the rehabilitation department with documented maintenance or improvement	Not applicable <sup>2</sup>	Not available <sup>2</sup>	Not applicable <sup>2</sup>	90%	93%	93% <sup>3</sup>

<sup>1</sup> This performance indicator did not appear under Act 10 of 1999 and therefore has no performance standard for FY 1999-2000.

<sup>2</sup> This is a new indicator for FY 2001 - 2002 and was not reported in previous fiscal years. It did not appear under Act 10 of 1999 or Act 11 of 2000 and has no performance standards for FY 1999-2000 and FY 2000-2001. There was a similar indicator in past years, but it looked only at clients who improved. Consequently, the data provided in previous years was not consistent with the indicator name.

<sup>3</sup> Figures in the Recommended Budget Level column reflect performance standards at a continuation level of funding. The Department of Health and Hospitals will, after sufficient time for analysis of the recommended budget, request an amendment to the Appropriations Bill to correct the performance standards.

**GENERAL PERFORMANCE INFORMATION: VILLA FELICIANA MEDICAL COMPLEX, PATIENT CARE**

PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00
Number of staffed beds	275	275	275	275	275
Total number of clients served by Rehabilitation Department	Not applicable <sup>1</sup>	Not applicable <sup>1</sup>	112	124	97
Number of clients served by the rehabilitation department with documented maintenance or improvement	Not applicable <sup>1</sup>	Not applicable <sup>1</sup>	25 <sup>2</sup>	31 <sup>2</sup>	27 <sup>2</sup>
Total number of admissions	71	72	77	97	111
Occupancy rate	92.4%	94.2%	92%	90%	85.5%
Cost per client day	\$167.34	\$168.40	\$176.00	\$186.00	\$202.71
Average length of stay in days	1,695	1,127	1,511	1,103	875

<sup>1</sup> These indicators did not exist in Fiscal Years 1996 and 1997.

<sup>2</sup> In prior fiscal years, only the number of people whose skills improved was reported. This performance indicator now (beginning FY 01-02) includes this population, plus those whose skill level has been maintained skills through the provision of rehabilitation services. In many cases, this is the best outcome that can be expected for patients whose skills might otherwise deteriorate.

## RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1999 - 2000	ACT 11 2000 - 2001	EXISTING 2000 - 2001	CONTINUATION 2001 - 2002	RECOMMENDED 2001 - 2002	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$785,205	\$831,397	\$831,397	\$881,986	\$650,194	(\$181,203)
STATE GENERAL FUND BY:						
Interagency Transfers	9,883,305	9,691,474	9,691,474	10,011,713	9,678,291	(13,183)
Fees & Self-gen. Revenues	541,265	480,035	480,035	480,035	480,035	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	303,961	411,252	423,500	411,252	411,252	(12,248)
TOTAL MEANS OF FINANCING	<b>\$11,513,736</b>	<b>\$11,414,158</b>	<b>\$11,426,406</b>	<b>\$11,784,986</b>	<b>\$11,219,772</b>	<b>(\$206,634)</b>
EXPENDITURES & REQUEST:						
Salaries	\$7,905,971	\$8,040,168	\$8,040,168	\$8,309,942	\$7,958,700	(\$81,468)
Other Compensation	90,338	134,000	134,000	134,000	134,000	0
Related Benefits	1,234,984	1,347,541	1,347,541	1,390,705	1,401,123	53,582
Total Operating Expenses	1,616,935	1,069,703	1,069,703	1,098,292	949,465	(120,238)
Professional Services	136,186	218,148	218,148	224,332	218,148	0
Total Other Charges	434,727	492,715	492,715	492,715	452,526	(40,189)
Total Acq. & Major Repairs	94,595	111,883	124,131	135,000	105,810	(18,321)
TOTAL EXPENDITURES AND REQUEST	<b>\$11,513,736</b>	<b>\$11,414,158</b>	<b>\$11,426,406</b>	<b>\$11,784,986</b>	<b>\$11,219,772</b>	<b>(\$206,634)</b>
AUTHORIZED FULL-TIME EQUIVALENTS: Classified	316	276	273	273	261	(12)
Unclassified	5	5	5	5	3	(2)
TOTAL	<b>321</b>	<b>281</b>	<b>278</b>	<b>278</b>	<b>264</b>	<b>(14)</b>

## SOURCE OF FUNDING

The Patient Services Program is funded with State General Fund, Interagency Transfers, Fees and Self-generated Revenues, and Title XVIII Federal Funds (Medicare). Interagency Transfer means of financing represents Title XIX reimbursement for services provided to Medicaid eligible patients received through the Department of Health and Hospitals, Medical Vendor Payments Program. Fees and Self-generated Revenues include: (1) payments from patients for services based on a sliding fee scale; (2) employee meal reimbursement; and (3) miscellaneous income, such as funds received from individuals for copies of patient medical records. Federal Funds are Title XVIII for services provided to Medicare eligible patients.

## ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	DESCRIPTION
\$831,397	\$11,414,158	281	ACT 11 FISCAL YEAR 2000-2001
			<b>BA-7 TRANSACTIONS:</b>
\$0	\$12,248	0	Carry forward of federal funds in the current year in the Villa Feliciana Medical Complex, Patient Services Program, Acquisition expenditures. There has been a Legislative Auditor finding on the current inadequacy of the Pharmacy computer program for three years. The funding is to upgrade the Pharmacy inventory system.
\$831,397	\$11,426,406	278	EXISTING OPERATING BUDGET – December 15, 2000
\$0	\$168,702	0	Annualization of FY 2000-2001 Classified State Employees Merit Increase
\$0	\$144,236	0	Classified State Employees Merit Increases for FY 2001-2002
\$135,000	\$135,000	0	Acquisitions & Major Repairs
(\$111,883)	(\$111,883)	0	Non-Recurring Acquisitions & Major Repairs
\$0	(\$12,248)	0	Non-Recurring Carry Forwards
\$0	\$329,274	0	Salary Base Adjustment
(\$9,132)	(\$418,480)	(12)	Attrition Adjustment
\$0	(\$125,809)	(1)	Personnel Reductions
\$0	(\$120,238)	0	Salary Funding from Other Line Items
(\$125,809)	(\$125,809)	(1)	Eliminate one unclassified position Patient Care
(\$69,379)	(\$69,379)	0	Reduction in Other Charges and Acquisitions Patient Care
\$650,194	\$11,219,772	264	TOTAL RECOMMENDED
\$0	\$0	0	LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS
\$650,194	\$11,219,772	264	BASE EXECUTIVE BUDGET FISCAL YEAR 2001-2002
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL:
\$0	\$0	0	None
\$0	\$0	0	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL

SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:

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\$0	\$0	0	None
<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE</b>
<b>\$650,194</b>	<b>\$11,219,772</b>	<b>264</b>	<b>GRAND TOTAL RECOMMENDED</b>

The total means of financing for this program is recommended at 98% of the existing operating budget. It represents 93% of the total request (\$12,100,524) for this program. The major changes reflected in the analysis of recommendation include: full funding has been provided for all 264 recommended positions and an adjustment to reflect an anticipated attrition factor of 4% totaling a decrease of \$418,480 (\$9,132 State General Fund and \$409,348 Interagency Transfers) and a reduction of 12 positions; a personnel reduction of one (1) position resulting in a \$125,809 decrease in Interagency Transfers; a decrease in salary funding from other line items of \$120,238 in Interagency Transfers deducted from supplies; and an increase in Acquisitions and Major Repairs of \$135,000 in State General Fund. A reduction of \$195,188 in State General Fund deducted from one (1) position decrease, resulting salary and benefits, other charges, and acquisitions.

## PROFESSIONAL SERVICES

\$7,800	Ophthalmology Services - provides once per week for \$150 per visit to treat approximately 500 patients per year.
\$9,650	Dental Services - provides a half-day per week for \$185.54 per visit to treat approximately 300 patients examined per year.
\$22,500	Radiology Services - provides once a per week for \$1875 per month. Services are required in order for the X-ray department to be certified for participation in the Medicare and Medicaid Programs.
\$71,040	Psychiatric Services - provides on a 2 hour per week basis for \$80 per hour to render treatment to approximately 300 patients.
\$12,740	Speech Pathology Services - consultant services provided twice a week for 3.5 hours per visit at \$35 per hour to deliver over 300 hours of patient treatment.
\$7,600	Dermatological Services - provides for 40 visits per year to treat approximately 200 patients.
\$15,600	Joint Commission Consultant - consultative and educational services relative to JCAHO Standards and Compliance Level.
\$4,566	Physical Therapy Assessments and Therapy
\$12,000	Infection Control Consultant - provides inflection control policies and procedures consulting.
\$6,000	Pathology Consultation - provides pathology consultations.
\$2,400	Pastoral Services - provides pastoral services to residents.
\$46,252	Physical Therapy Services - provides physical therapy services on a full-time basis.
<b>\$218,148</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## OTHER CHARGES

\$428,326	Provider Based Fee - Paid to the Department of Health and Hospitals
\$24,200	Louisiana State University Clinics

<b>\$452,526</b>	<b>TOTAL OTHER CHARGES</b>
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## ACQUISITIONS AND MAJOR REPAIRS

\$105,810	Recommended level of funding for the replacement and repairs of obsolete, inoperable or damaged equipment and buildings
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<b>\$105,810</b>	<b>TOTAL ACQUISITIONS AND MAJOR REPAIRS</b>
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